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CONJOINT FAMILY THERAPY:
A DISCIPLINE IN THE MINISTRY OF REDEMPTION

A Dissertation
Presented to
the Faculty of the
School of Theology at Claremont

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Religion

by
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June, 1967

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This dissertation, written by

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to and accepted by the Faculty of the School of
Theology at Claremont in partial fulfillment of the
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INTRODUCTION

This dissertation has developed from an awareness that family counseling is at the heart of the parish pastor's work with people. The church is one institution in the community which is family centered in its basic orientation. The pastoral office makes it possible for the minister to be intimately related to families and the problems of families in the church and community.

My thesis is that the parish setting lends itself to the practice of Conjoint Family Therapy¹, and when implemented by a trained minister-therapist Conjoint Family Therapy becomes a specialized discipline for carrying out the ministry of redemption. A presupposition of this thesis is that all healing is of God. Thus, the healing process of Conjoint Family Therapy, in which the blocks to healing that keep people from growing are removed, is understood to be essentially theological. In the pages ahead I will demonstrate this implied stance by describing ways

¹In Conjoint Family Therapy the family is treated as a whole unit. The family group with parents and children present meets through a series of conferences in the presence of a therapist in an effort to effect behavioral and attitudinal changes within the total family. When a family group meets in the presence of a trained therapist to accomplish a modification of the functioning and structure of the family as a group, the process is called Conjoint Family Therapy.

Conjoint Family Therapy is a vehicle for God's incarnational and atoning action.

CHAPTER I

THE MINISTRY OF REDEMPTION

Therefore, if any one is in Christ, he is a new creation; the old has passed away, behold, the new has come. All this is from God, who through Christ reconciled us to himself and gave us the ministry of reconciliation; that is, God was in Christ reconciling the world to himself, not counting their trespasses against them, and entrusting to us the message of reconciliation.¹

Consideration of any aspect of God's redemptive activity, as I propose to do in the specific ministry given through Conjoint Family Therapy, must take into account the over-all drama of God's redemptive work. The Christian Gospel proclaims a sacred story which is firmly connected with history by the conviction that the Divine has entered the human drama. D.M.Baillie calls this "a real eschatology, a concrete time-scheme."²

From that central point (God in Christ) faith could look backwards and forwards, and everything fell into its place in a sacred story whose center was the Christ who had come in the Flesh: Creation, Fall, Promise and Prophecy, the coming of the Holy Spirit, the Church and spreading of the Gospel, the Second coming and the final consummation. That is the story that overcame the cyclic view of history...³

¹II Corinthians 5:17-19.

²D.M. Baillie, God Was in Christ (New York: Charles Scribner's Sons, 1948), p. 76.

³Ibid., pp. 76, 77.

The task of pastoral care is to discover the relevance of the Gospel to the existential and ultimate needs of people. Churchmen need to work through ways the redemptive activity of God is understood in relation to what goes on between people in the here and now. Reuel L. Howe and Carroll A. Wise are two pastoral theologians who have addressed this task. Howe summarizes the necessity for viewing the Gospel in the light of human relationships this way:

The great Christian word is redemption, which means transforming a destructive relationship into one in which the conditions and purposes of love are realized. Let us remember that fine linen paper is made out of old dirty rags. Similarly, a wonderful Christian relationship can be formed out of one that seems tragic. As we have seen, the test of a man is not in what happens to him, but in what he does about what happens to him. The transformation of what happens in human relations is the work of the Holy Spirit, continuing the work that was begun in Christ. The Spirit gives the gift of reconciling love with which we may participate in the continuing work of Christ, which is the redemption and transformation of life.⁴

Carroll Wise asks, "What is the Gospel?"

The Gospel is usually described as the good news of God's redeeming love as revealed in Jesus Christ. The modern mind, saturated with the latest televised news reports, is likely to identify the Gospel with something which can be communicated by verbal and mechanical means. But the reality of the Gospel is something deeper than this...The Gospel is a Person, and through this Person, a living relationship with God. The

⁴Reuel L. Howe, Herein is Love (Valley Forge, Pa.: Judson Press, 1961), p. 58.

Gospel was embodied in a Person whose relationships with men have been taken to reveal the redemptive, reconciling relationship which God offers all men.⁵

I think that Conjoint Family Therapy practiced as part of congregational life in the Christian community lends itself to God's redemptive activity suggested by Howe and Wise. Christian salvation is understood in terms of the needs of people in dysfunctional⁶ family groups. The therapy is a means of God's grace in which the minister-therapist and disturbed family groups overcome alienation. I have elected to focus attention on two aspects of the Christian proclamation in this dissertation, the doctrines of Incarnation and Atonement. I think these doctrines are particularly helpful in the task of placing the practice of Conjoint Family Therapy in the perspective of a Christian theology.

⁵Carroll A. Wise, The Meaning of Pastoral Care (New York: Harper & Row, 1966), p. 10.

⁶Virginia M. Satir employs the word "dysfunctional" with family groups in which the capacity to function is either limited or severely impaired. A dysfunctional family is one in which individuals have not learned to communicate clearly. The family members will deliver conflicting messages. Dysfunctional families are marked by inability to perform the most important function of good communication: "checking out" perceptions to see whether they tally with the situation as it really is or with the intended meaning of another.

I. INCARNATIONAL PASTORAL CARE

I believe that pastoral care which communicates the Gospel to persons at the point of their existential and ultimate needs is incarnational. What God initiated in His redemptive action for men by His Incarnation in Jesus Christ is carried on by the continuing incarnational activity of God in people who respond in faith to His love.

Paul was describing an incarnational ministry to the Corinthian church when he wrote them, "Therefore, if any one is in Christ, he is a new creation; the old has passed away, behold, the new has come. All this is from God, who through Christ reconciled us to himself and gave us the ministry of reconciliation." Love is personalized in the new being of the believer. God works a redeeming ministry to seek and to save people through the life of the believer.

All divine communication is essentially incarnational, for it comes not only in words, but in life. Even if a truth is given only in words, it has no validity until it has been translated into life. Only then does the Word of life become life to the receptor. The words are in a sense nothing in and of themselves... In the Incarnation of God in Jesus Christ, the Word (the expression and revelation of the wisdom of God) became flesh. This same fundamental principle has been followed throughout the history of the church, for God has constantly chosen to use not only words but human beings as well to witness to His grace; not only the message, but the messenger; not only the Bible, but the Church.⁷

⁷Eugene A. Nida, Message and Mission (New York: Harper & Row, 1960), p. 226.

It will be argued that an incarnational view of pastoral care carries with it dangers of excesses. In the extreme might be a pastor who justifies his authoritarian, dictatorial, dogmatic, punishing manner by asserting that what he is is by the authority of God in him. It may also be argued that no human being can mediate the grace of God. To attempt it would be presumptuous. I propose to meet these objections by forwarding what D.M. Baillie calls the "paradox of grace." Baillie's ideas on the meaning of grace will demonstrate the importance of continuing the work of Christ by loving men, however finitely, as means for an understanding of the redemptive love of God.

The paradox of grace as described by Baillie presses pastors who want a ministry that is incarnational to be in touch with the historical Jesus revealed in the Gospels. Jesus' words are authentic. He speaks and acts as one who has authority. This is so because his life and words speak the same message. The Gospels portray Jesus as the man in whom God is incarnate. He surpasses all other men in refusing to claim anything for himself independently and ascribes all the goodness to God. Baillie summarizes, "The man in whom God was incarnate would claim nothing for Himself as a Man, but ascribed all the glory to God."⁸

⁸Baillie, op. cit., p. 126.

Baillie defines grace as, "the conviction which a Christian man possesses, that every good thing in him, every good thing he does, is somehow not wrought by himself but by God."⁹ He reasons that the Incarnation is carried on in the life of the Christian. This is the crucial point at which grace is relevant to an incarnational ministry. The point is that we are not asked to be perfect. We are invited to surrender to the perfect goodness of God.

(Grace) in its fragmentary form in our own Christian lives is a reflection of that perfect union of God and man in the Incarnation on which our whole Christian life depends, and may therefore be our best clue to the understanding of it (Incarnation)...May not this be a clue to the understanding of that perfect life in which the paradox (grace) is complete and absolute, that life of Jesus, which being the perfection of humanity, is also and even in a deeper and prior sense, the very life of God Himself?¹⁰

The Christian pastor will be a person through whom the love of God is communicated to others in the here and now of human relationships. The capacity of the pastor to love through the practice of Conjoint Family Therapy points to the greater love of God. The pastor's love will be in a fragmentary form. His awareness of his own limitations move him back to a dependence on God. Because the ministering person is a being who lives and moves and has his being in an ultimate Creator-Redeemer, he mediates the grace of God to others. He is a human being through whom

⁹Ibid., p. 114.

¹⁰Ibid., p. 117.

a measure of grace, "often in terms of strength, courage, and hope is experienced."¹¹

Some principles for an incarnational ministry through Conjoint Family Therapy can be given which are going to be in evidence as succeeding chapters of the dissertation are developed.

1. The concern of the minister-therapist for people in dysfunctional family groups, and his ability to communicate the Gospel at the level of relationships reflects the prevenient¹² grace of God.
2. The trust members of family groups place in the minister-therapist is a way people trust God as the One who calls people to their fulfillment, their full meaning of being.
3. The healing work of Conjoint Family Therapy which calls people out of destructive relationships, and redeems the

¹¹Wise, op. cit., p. 20.

¹²Baillie describes prevenient grace to be, "While there is a human side to every good action, so that it is genuinely the free choice of a person with a will, yet somehow the Christian feels that the other side of it, the divine side, is logically prior. The grace of God is prevenient. The good was His before it was ours." (Baillie, op. cit., p. 116) Baillie also says, "In mankind's agelong enterprise of the quest of God, Jesus is the climax. He is the greatest of all believers...Mankind's supreme discoverer of God...What kind of God did He discover?...Is it a God who would wait to be discovered? No, indeed. It is a God who takes the initiative, a God who is always beforehand with men, a prevenient God who seeks His creatures before they seek Him." (Ibid., p. 63)

relationships by teaching family members how to relate with crystal clear communication, is part of God's redeeming action.

4. Since both the minister-therapist and the members of family groups in therapy stand in the same relationship to God (beings who need to overcome separateness and find union with themselves, others and God), Conjoint Family Therapy is an agent for redemption for all who engage the therapy.

5. The minister-therapist is trained to communicate the resources of healing relationships to people through his specialized skills as a counselor. However, the action of God is by no means limited to his skills. The incarnational principle of God's ministering love is also mediated through the family members as each is helped to function with self-esteem¹³ in the family group.

¹³Virginia M. Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1966), p. 8. The author describes the qualities of a person with low self-esteem. Her description helps by contrast to define self-esteem as I will be using the term in this dissertation. "A person with low self-esteem has a great sense of anxiety and uncertainty about himself. a) His self-esteem is based to an extreme extent on what he thinks others think of him. b) His dependence on others for his self-esteem cripples his autonomy and individuality. c) He disguises his low self-esteem from others, especially when he wants to impress others. d) His low self-esteem comes from his growing-up experiences which never led him to feel that it is good to be a person of one sex in relation to a person of the other. e) He has never really separated from his parents, that is, arrived at a relationship of equality with them."

6. The new start which Conjoint Family Therapy brings to dysfunctional family groups is a way God acts to initiate new life in His children He seeks and wants to save.

II. AN ATONEMENT MINISTRY

I come now to a discussion of the meaning of Atonement for the ministry of redemption. In the Incarnation is to be found the Christian apprehension of God. God was incarnate in Jesus. It follows that "the divine Atonement was incarnate in the passion of Jesus."¹⁴ God was uniquely present in the passion and death of Jesus, making the crucifixion-resurrection what Paul described it to be, "All this is from God, who through Christ reconciled us to himself..."

What does Atonement mean? What is its significance for a Christian theology of pastoral care? How does a Christian theology of the Atonement help to understand what happens when dysfunctional family groups are helped by a minister-therapist to function for the mutual well being of the members?

D.M. Baillie points out that a great deal of confusion has been caused by the fact that the English word "atonement" has moved away from the sense it had when the Bible was translated. The Hebrew word which lies behind

¹⁴Baillie, op. cit., p. 191.

atonement originally meant "covering" or "wiping out."

The Hebrew word may have included the idea of an expiation that had to be made before the sinner could be acquitted.

That atonement implied anything like propitiation of an angry God, though, has been a gross misuse of the term.

It is always God Himself who is regarded, in the Old Testament, as having appointed the ritual of sin-offering, in His desire for reconciliation. That is highly important. Man has, of course, to provide the offering...and to carry out the ritual, but it is God that has provided this means of reconciliation, taking this merciful initiative because He does not desire the death of a sinner but his reconciliation.¹⁵

Baillie goes on to say that the New Testament Greek word used to correspond to the Old Testament "atonement" means simply "reconciliation." Further, the New Testament does not speak of God being reconciled to man, but man to God. God is the reconciler, taking the initiative in Christ so that man is called into his fulfillment, into his full measure of being. There is no word in the New Testament that means anything like the appeasing of an angry God. The love of God is the starting-point. "God was in Christ reconciling the world to himself, not counting their trespasses against them..." So, the synonym for atonement is reconciliation.

But, it should be asked, does God's free forgiveness cover everything? The Christian view of atonement demon-

¹⁵Ibid., p. 187.

strates that God's reconciling love is a consuming fire. God's love for sinners (persons willing to be alienated from themselves, others and God) is not simply kindly judgment.

He (God) cannot take our sins lightly or treat them with indulgence. "The love that draws us nearer Thee is hot wrath to them." God must be inexorable towards our sins; not because He is just, but because He is loving; not in spite of His love, but because of His love; not because His love is limited but because it is unlimited...¹⁶

Our reconciliation is infinitely costly to God.

(God's) forgiveness is not an easy amnesty, such as a good-natured tyrant might give with a stroke of his pen. It comes from the heart of a love that has borne our sins, and because the love is infinite, the passion is infinite, too. "Who suffers more than God?" asks Plowman. There is an atonement, an expiation, in the heart of God Himself, and out of this comes the forgiveness of our sins.¹⁷

Conjoint Family Therapy and the dysfunctional families that come to the church for treatment need to be evaluated in the light of the Christian view of atonement. At base "the deepest need of man...is the need to overcome his separateness, to leave the prison of his aloneness."¹⁸ The question is, how do people in family groups overcome separateness, and achieve union? What is God's atoning activity, His own suffering and forgiveness, in the

¹⁶Ibid., p. 173.

¹⁷Ibid., p. 175

¹⁸Erich Fromm, The Art of Loving (New York: Harper and Row, 1956), p. 9.

struggle of family groups to function. How do people transcend their estrangement, separateness, and find "at-onement?"¹⁹

The need for love families reveal is one way to perceive the atoning love of God. The need for love is desperate because without love people die. The problem is that while all people need to love and be loved with an infinite love (to love and be loved by God who reconciles us to Himself), we love or do not love and we are loved or not loved in a community of finite human beings. Mates and children in family groups demand perfect love, but become alienated when they can neither give nor receive the love that is needed.

Reuel L. Howe offers help toward a Christian theology of love which is instructive at the point of our

¹⁹Erich Fromm and Reuel Howe use the word "at-onement" to describe our human need to overcome separation and achieve union. In Ibid., Fromm says, "Man -- of all ages and cultures -- is confronted with the solution of one and the same question, how to achieve union, how to transcend one's own individual life and find at-onement." Howe describes this need in man by saying, "We have gradually approached a word which is one of the most important words in the theological vocabulary: 'atonement.' The word is important because it expresses the object of all of life -- the desire for at-onement; the reuniting of everything that is separated; the reconciliation of man with himself, of man with his neighbor, and of man with his God. And I feel that the meaning of this word, even partially or superficially understood, makes clear the deepest meanings of all human behavior. All men seek to effect a reunion of the separated and a reconciliation of the alienated." Reuel L. Howe, Man's Need and God's Action (Greenwich, Conn., Seabury Press, 1953), pp. 40, 41.

deepest human need, the need to love and be loved. He reasons that there are two aspects of our failure to love in family groups: 1) We are tempted to usurp God's place in the life of our mates or children by trying to satisfy their need for divine love with our human love. 2) Our human love as mates and as parents for children is limited by our sin.

Howe's concern can be borne out both in dysfunctional families and in those cases where family groups function reasonably well. Difficulty occurs because mates and siblings need love most when they are most unlovable. But what happens? The unlovableness of one brings out the unlovableness of the other. By "unlovableness" Howe means,

that fundamental antagonism to love that is the deepest meaning of sin. And the antagonism is not merely a hostility to human love but (more unlovable still) to the perfect love of God.²⁰

It is Howe's contention that when persons in family groups try to love others in the family to the degree of the other's need, their unlovableness forces the would-be lover to a final and ultimate giving of love that is infinitely beyond his ability to give.

This is my temptation, to be the Christ, to repeat the once and for all sacrifice. No man is secure enough in his own being to face and meet the unlovable's deepest need for love. Not only would I lose my life, but as a being I would be destroyed. I can point to a

²⁰Howe, Man's Need and God's Action, p. 88.

portrayal of the love that has the power to love as we cannot and of what happens to that love. The only place we can see love that has the power to love the unlovable in his moment of greatest unlovableness is the love that we see on the Cross. And what do we see there? We see love suffering. It is more than just the suffering of a dying man; pure love is suffering the awful burden and pain of the unlovable. It is loving to the uttermost, and for a moment following the suffering, the agony of loving the unlovable brings extinction -- death. Love dies in the process of swallowing up, absorbing, taking into itself that which is its opposite -- unlovableness. This is the kind of demand that unlovableness makes of love. This is why we, with our broken human love, are unable to love our children (and mates) to the degree to which our children (and the mates) need to be loved. Their need for love is a demand for perfect love; and not only can I not meet that demand, but I hate and rebel against it.²¹

Conjoint Family Therapy points up that human love is unequal to the demands for unlovableness. The therapy is a discipline to help the minister-therapist and families being treated to increase in self-giving altruistic capacities. All can learn the art of loving; to allow another the freedom to be himself, and to engage the capacity of getting inside another's perceptual shoes. All can learn the art of being loved; to be able to receive intimacy from another as a gift, and not to reject intimacy as a threat.²² However, the moment one becomes conscious of how generously

²¹Ibid., pp. 88, 89.

²²Fromm describes mature love as against infantile love. "Infantile love follows the principle: 'I love because I am loved.' Mature love follows the principle: 'I am loved because I love.' Immature love says: 'I love you because I need you.' Mature love says: 'I need you because I love you.'" Fromm, op. cit., pp. 40, 41.

he loves, in that moment, his "love" separates him from another.

Little wonder is it that in spite of our best efforts, we are alienated, lonely, and looking for someone who can extricate us from our predicament, someone with whom we can be at one, and through whom we can find at-oneness with all. Human love alone cannot break down the barriers of separation of person from person, life from life as they need to be broken down. And so man, in his walk through life, cries aloud for one with whom he can be at one. This is a part of the life of every family, this is a part of the life of every husband and wife, this is a part of the life of every human relationship, of whatever kind.²³

Conjoint Family Therapy takes the pressure off family groups to give and receive love perfectly by allowing the atoning love of God to come alive in the accepting and perceptive atmosphere created by the therapy. Parents can be helped to see that the child needs love most when he is most unlovable, and that their love is not equal to the demand. The same needs are present in relationships between the mates. The family members can be helped to accept the capacity of human beings to love, and to conceive even of perfect love, but at the same time to recognize the human incapacity to love perfectly. God is the One who loves perfectly, and redemptively. God is involved in the family pain (the suffering) which is symptomatic of being alienated from each other and God. God's atoning love is alive in the attempts of the minister-therapist and the

²³Howe, Man's Need and God's Action, pp. 89, 90.

family members to encourage self-esteem and crystal clear communication. The therapy brings a new perspective to human and divine love. By helping family members to love each other as finite, incomplete beings, the way is opened to receive the infinite love of God through faith. The ministering task of a ministry through Conjoint Family Therapy is that

we are sent to a suffering people (dysfunctional family groups) who suffer because they have not found at-oneness in the love that has power to reconcile and reunite a man to himself and his fellows. Our business as the Church is the business for which God brought her into being, namely, to be the relationship through which men may experience, at least partially, the love of God that reconciles us to Himself and to one another.²⁴

²⁴Ibid., p. 95

CHAPTER II

CONTEMPORARY FAMILY LIFE AND THE CHURCH'S MINISTERING TASK

As Edward Janus stepped into his Caprice he knew he was going to "get it" at home for being late to dinner. Diane was like a grizzly bear about being on time for meals. And matters would be worse because he hadn't called her on the phone before leaving the office. Well, he thought, what was he to do about it? He had had to work late to finish a report for the new rocket engine on which Roar was bidding. And after all, advancement with the company and salary increases seemed to mean a lot to Diane. She ought to appreciate the hard work he was putting in for her. At thirty-two he hadn't done badly, Edward contemplated as his car pulled on the freeway and headed for Oakdale. He was lead design engineer at Roar Space Laboratories, with prospect for a vice-presidency as the company expanded.

Diane had been doing a slow burn, and clenching her teeth ordered John, Stephanie, and Donald to turn off the television, get washed, and come to dinner. She thought to herself that the least he could have done would have been to call to tell her he was going to be late. It was already fifteen past six. What did he expect of her? To

have meals served at his convenience? "John, Stephanie, Donald! Turn that television off right now. I mean this minute. Wash. It's time to eat."

"But Dad isn't home yet," John said flippantly without making a move to close down the big eye. "This program lasts only fifteen more minutes."

"You heard me," Diane shouted. "Turn the television off and come to dinner. Donald and Stephanie, too. We'll just have to go on without Daddy."

John grumbled and flicked off the television with a jerk. As he did, Donald and Stephanie began to whine. "We can't even watch the program we want to watch, Mother. Other kids get to watch this program, and we have to eat while it's on."

Diane and the children were beginning to eat their dessert when the lights from Edward's car were seen as he entered the driveway. There was stony silence as the front door opened, Edward entered, and came to the dinner table.

Diane broke the silence. "Well, where have you been? You didn't call. You didn't tell me this morning that you would be late again. The meal is ruined so far as I am concerned. I work all day taking care of the children, prepare a nice meal, and what do you do? You come home late."

Edward sat down, listening to Diane as anger mounted within him. He decided that the best thing to say was that

he was sorry to be late.

"So you're sorry. That's what you say every time you're late. But what do you do about it? Answer me that!"

Without saying anything Edward ate his meal. Diane spelled out a script he had heard many times before; complaints about the behavior of the children, his inattention to the discipline of the youngsters, and his disinterest in her attempts to run an orderly household. What was happening to his family, he wondered? Their life was becoming increasingly more saturated with conflict. Design for a rocket engine he could manage, but to work out of the problems Diane and the children presented seemed to be beyond him. About the best he could manage was to agree with Diane that their life was a mess. Maybe the best thing for everyone concerned would be for him to call it quits as a husband and father, and file for a divorce. Diane and the kids might be better off without him in the house. He could provide a comfortable living for them, and perhaps find some companionship and a little happiness on his own. But a divorce would "kill" Diane's parents, and his, too. And what about the people in the church? That would be great stuff for the over-the-back-fence phone callers; "Chairman of the official board divorces his wife." If only there were someone he could turn to to get a perspective on all that was happening to him and his family.

I. THE FAMILY IN FLUX

Edward and Diane Janus, like a growing number in our contemporary society, live in an agonizing estrangement. They are bewildered by the forces that separate them. Edward has set his professional sights toward the achievement of success as a design engineer. He functions capably and responsibly in this position. But he sees no connection between what he is doing to earn a living and his home life. At work he feels as though he is recognized as a somebody. In his home he is an intimidated nobody. He lives with the illusion that if he provides enough money and comfort for his family, he will have completed his responsibility as a husband and father.

Diane's values are limited because, as a consumer of her husband's earnings, she is willing to take what he brings to the home for the maintenance of the home, but is unable to receive her husband as a meaningful gift in her life. Her life is structured around keeping herself at a distance from her husband.

With the facade of a family Edward and Diane have failed to recognize that the most valuable offering they can give to their children and to each other is a mature marital relationship.

The Janus family live in a social structure which is characterized by radical changes. Charles Stewart observes

that while these changes bring liabilities which may confuse family life, at the same time they usher in potential for family solidarity.

Sociologists see these trends within the American family as indicating both disorganizing and reorganizing forces. In the nineteenth century the traditional functions of the rural family were to produce a living on the farm, to confer status upon its members, to reproduce itself, to educate the children in the skills necessary to make a living, and to provide physical and emotional security to its members. Most of these functions have been lost with the rise of an urban industrial society. The husband and father's occupation has been in the factory or business; he has derived his status from his job and this has been passed on to the dependent members of the household. Children have been thought of not as additions to the work group on the farm, but as providing emotional satisfactions to their parents. The education and socialization of the child has moved outside the family to be taken up by school, church, peer group, and television. The function of providing emotional security, however, has increased in importance. In an increasingly complex and competitive society, the father and working mother have felt isolated and looked to the home to provide them with love, acceptance, and esteem. Therefore, the urban and suburban family has been thrust back upon itself to find meanings and purposes for living. The centripetal forces tearing at the bonds of family life have forced husbands and wives, parents and children to find security in their own relationships. With these demands upon each member to give of himself, to meet expectations of other members, and to satisfy needs for companionship and meaningful group participation, some marriages and families have not been strong enough to stand the stress. Others, however, have not only met the needs of its members but are charting new courses for the democratic family life of tomorrow.¹

The family is being called upon in our changing

¹Charles William Stewart, The Minister as Marriage Counselor (New York: Abingdon Press, 1961), pp. 14, 15.

social structure to carry an extra psychic load. The family has become the "personal core nurturing human potentialities amidst the dehumanizing processes of an industrial society."² It has become the basic structure for transmitting the personal core which makes our society possible and human. In a relatively short period of time the child is prepared through the transmission of moral and personal stability to enter the wider world with maturing concepts of self-esteem and autonomy. People are being thrown back upon their families for security, belongingness, dignity and worth. As the wider world fails to provide these needed experiences, the family is called upon to make up the loss.

II. THE COMPANIONSHIP MARRIAGE

Expectations for the marriage relationship have been reversed from what had traditionally been the case prior to the twentieth century. Marriage was intended to be the fulfillment of a social, religious, and civic duty. Interpersonal relationships between husband and wife were of little significance, and at least two devices found general acceptance to prevent involvement between mates. First, hierarchical distinction prevailed between man and woman,

²John Charles Wynn, Sex, Family, and Society in Theological Focus (New York: Association Press, 1966), p. 209.

so that the man was the authoritative boss and the woman was the permissive slave, dominated by her husband. Second, a sharp separation existed between the function of the husband and his wife, so that the man had his world and the woman had hers. Social distance was enforced by custom, preventing intimate contact.

The situation is reversed today. Interpersonal relationships have become the center and focus of marriage. The emancipation of woman has taken place in our time. Now we say that marriage is a fifty-fifty relationship, with the domain of the man and the woman not clearly defined by custom. Each enters the domain of the other. The companionship marriage has become the ideal toward which people strive in family life. Potential for intimacy is greatly enhanced, but not without the liability of conflict. Conflict tends to destroy relationships rather than to build them. Estrangement is the result.

III. FROM COMPANIONSHIP TO PARENTING

Virginia Satir refers to the marital relationship as the axis around which all other family relationships are confirmed. The mates are the "architects" of the family.³ When the mates are enmeshed in a negative self-

³Virginia M. Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1964), p. 1.

feeding syndrome, with unresolved conflict on the crescendo, stresses that are destructive to the emotional life of the home result. From birth the child has needs which can only be met by his parents. He depends on them for physical life to begin with, and later for approval (recognition). The child makes it clear that he has to get what he needs because he is helpless at first, and must reach out for help throughout his childhood in order to be a person. But, what if father and mother live in the family on an infantile level themselves? What if their predominant need is to get, too? Then their own needs for emotional support outweigh their capacity to be giving. They are unable to give to each other. They are unable to give to their children. They view each other as extensions of their own inadequate selves. The child becomes a vehicle, representing the worth of the parents in the community. The parents seek to use the child to raise their own esteem as people, wanting to be assured that their child likes them. More than that, they demand that the child perform in ways that will generate the approval of others. The child becomes a pawn parents manipulate in order to feel strong against each other.

The child in turn becomes involved in an impossible situation because he finds he is unable to satisfy the needs of his parents. To survive in a situation where he would like to have, and really needs, the approval of both

parents, he engages in a manipulation of the parents. The parents become victimized by their child's needs for relationship and respect which they do not give.

If the parents function in the framework of mutual self-esteem, their mutual relationship creates an altogether different, more constructive atmosphere. They are able to discuss their marriage as a relationship separate from their child or children. As the mates deal with each other in a more gratifying way, they are able to see the child as he is. Parents who validate their children both by the quality of their marriage and in an unthreatened openness to the child, offer the best possible conditions for giving what all people basically need in life, self-esteem.

IV. THE CHURCH'S REDEMPTIVE TASK

When appraising his family situation, agreeing in a passive, angry mood with his wife, Diane, that their marriage is a failure, considering as he brooded that perhaps he ought to call it quits and move out of the house, Edward Janus indicated that he is an active member of the church. Like his experience in the family, the church for him is wooden formality. But while responsibility for Edward's estranged (sinful) life is his own, his plight hints at a failure in the Christian church. Why did Edward say to himself, "If only there were someone I could turn to

to get perspective on all that is happening?" Was he lost because there was no one prepared to hear his cry for help in the church? Who was trained to provide a ministry in which Edward, Diane, and their children could learn to be open to each other? Was their pastor experienced as a family therapist? Could he at their request function in this capacity to help them talk and listen, hear and understand, be heard and understood, love and be loved?

Family pain, marked by futility, frustration, and alienation, becomes a central focus in the church's ministering task. Carroll Wise defines redemptive love as the Gospel for persons, and the Gospel which changes life in the personal encounter. He says,

The redemptive love of which we speak is the affirmation of the other as a person and as a child of God, a deep intention to help the other find the fulfillment of the potential which God has created in him, and the willingness to meet the other at the point of his deepest need, which will mean in his suffering.⁴

Wise's definition becomes the goal for pastoral attempts to minister to families in crisis through Conjoint Family Therapy, and indeed through all of the disciplines of pastoral care.

⁴Carroll A. Wise, The Meaning of Pastoral Care (New York: Harper & Row, 1966), pp. 82, 83.

CHAPTER III

CONJOINT FAMILY THERAPY

Within recent years an emphasis in the practice of psychotherapy has shifted from treating individual persons alone to treating families as whole units. The family group with parents and children present meets through a series of conferences in the presence of a therapist in an effort to effect behavioral and attitudinal changes within the total family. When a family meets in the presence of a trained therapist to accomplish a modification of the functioning and structure of the family as a group, the process is called Conjoint Family Therapy. This therapeutic discipline has emerged both out of findings set forth by Freud which gave substance to the profound effect family life and especially parental influence have on people, and the clinical practice of psychotherapy with individuals. Discovery is being made that every person participates in a highly complex matrix of human involvement, the family itself being the basic unit out of which a foundation is formed for psycho-social development.

The field of Conjoint Family Therapy opens up new avenues for research and practice in psychotherapy. Virginia M. Satir, writing as a psychiatric social worker, and speaking out of a background of clinical practice with dysfunctional families observes that

family therapy is an area still largely unexplored and I hope that the book (Conjoint Family Therapy) may also serve as a catalyst for innovation in both clinical practice and research.¹

The parish setting provides a special environment in which to innovate the findings of therapists like Satir for the treatment of dysfunctional families. More than any other community institution the church can deal with the problems and aspirations of whole family groups. The church is made up of many families. It is a tribe of families, so to speak. Each family is separate from the others, but at the same time all of these family units congregate within a field of influence in which each is related to the others. The minister is a "tribal leader," and in the parish setting where the minister is trained in the discipline of Conjoint Family Therapy, and where the congregation is aware of his counseling skill, his services can be made readily available to family groups.

As background for developing the discipline of a parish oriented Conjoint Family Therapy, I want to look at some of the basic assumptions and methodologies forwarded by Nathan W. Ackerman, John E. Bell, and Virginia M. Satir. Having appraised these assumptions and methodologies I will outline a synthesis for the practice of Conjoint Family Therapy in the parish setting.

¹Virginia M. Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1964), p. x.

I. A COMPARISON OF BASIC ASSUMPTIONS

Martin Grotjahn has pointed out that Nathan Ackerman expresses the attitude of an open-minded progressive analyst...(he) advocates a psychotherapeutic approach to the family as a family; he has in mind a therapy which is more than the mere concomitant treatment of several members.²

Ackerman represents a swing in psychoanalytic practice from preoccupation with the individual toward a point of view which pays increasing attention to the family. He shows that "individual therapy cannot be the sole answer to mental health problems in our time."³

While recognizing that the primary patient cannot be helped apart from his family field, and the most efficient way to treat the sick individual is the treatment of his family, Ackerman's approach to family group therapy falls short of free involvement in the organismic phenomenon he forwards.⁴ The individual sick person is the key factor and the family plays a secondary role despite Ackerman's pioneering efforts to show that "the family is

²Martin Grotjahn, Psychoanalysis and the Family Neurosis (New York: Norton, 1960), pp. 70, 71.

³Nathan W. Ackerman, The Psychodynamics of Family Life (New York: Basic Books, 1958), p. 273.

⁴Clinebell has summarized Ackerman's organismic family concept as follows: "It has functional unity, it is a living developing process, it has a natural life history." Howard J. Clinebell, Basic Types of Pastoral Counseling (New York: Abingdon Press, 1966), p. 121.

the basic unit of growth and experience, fulfillment or failure. It is also the basic unit of illness and health."⁵ The delicate dynamic balance between intrapsychic conflict in the individual and interpersonal conflict in family relations is weighted on the side of intrapsychic conflict. Multiple impact contacts through diagnostic and therapeutic interviews are aimed at cleaning up the family so that the primary patient can be reached and helped.

John Bell and Virginia Satir view the family as an organism or nuclear whole in family therapy. Both carry out their respective approaches to therapy assuming that what may be manifested as individual sickness is symptomatic of sickness which pervades the organism. Treatment of the family as a totality is based on an assumption Bell and Satir hold in common, namely, that the symptom is thought of as the product of a disruption in family interaction. The symptom is not seen as the product of intrapsychic conflicts, but as a breakdown in intra-family communication.⁶

Bell speaks to a radically different view of therapy. The family is the unit to be treated. His method of family group therapy holds that the family is not regarded as an

⁵Ackerman, op. cit., p. 15.

⁶John E. Bell, Family Group Therapy (Washington: U.S. Department of Health, Education, and Welfare, 1961), p. 4, and Satir, op. cit., pp. 2-5.

assembly of individuals, but is seen to be a "biological and social unit."⁷

One must keep in mind that here no child or parent is under treatment as an individual. Whereas in individual therapy the emphasis is on the unique person, in family therapy specific attention to the individual as an individual is to be avoided as much as possible. The problem for which the family is accepted for treatment is to be thought of as a problem of the family, not as a problem of the child.⁸

Satir advocates that when one person in a family has pain which shows up in symptoms, all the family members are feeling this pain in some way. The person who manifests the symptoms of family pathology is called the "Identified Patient." Satir discourages use of terminology such as "the sick one," or the "different one," or the "one who is to blame." With Bell, Satir is not concerned with utilization of family therapy as a means to treat the individual or carry out future individual therapy. She recognizes a healing process inherent within the family itself when people communicate on a functional rather than dysfunctional basis.⁹

II. THE METHODOLOGIES OF ACKERMAN, BELL, AND SATIR

Nathan W. Ackerman describes family therapy as a

⁷Bell, op. cit., p. 4.

⁸Ibid.

⁹Note Satir, op. cit., Chapter III, "Differentness and Disagreements," pp. 11-19, for a full discussion of the family as a nuclear whole.

type of multiple treatment which stands somewhere between the extremes of individual psychoanalysis and group therapy. It is characterized by a flexible combination of individual and group psychotherapy. Therapy for the family places emphasis on multiple interpenetrating relationships within the family and the processes of adaptation of the family to the community, and rests on a "unified diagnostic formulation for the dynamic processes of family life within which is included the adaptation of the individual personality to the respective family roles."¹⁰

Treatment begins by a psychosocial evaluation of the family as a whole. Next follows application of appropriate levels of social support and educational guidance and a therapeutic approach to conflicted family relationships. When the family has achieved a healthy level of complementarity, then individual psychotherapy for selected members of the family can be initiated. Individual therapy is initially oriented to the specific dynamic relations of personality and family role and to the balance between intrapsychic conflict and family conflict.

A wide range of procedures have been tentatively developed. Family diagnosis and therapy move through a series of planned office and home interviews. These sessions involve separate meetings with the primary patient

¹⁰Ackerman, op. cit., p. 304.

and joint interviews of the patient together with other family members. In this process, the primary patient "becomes the fulcrum or entering wedge for the appropriate levels of intervention into the disorder of the family relations."¹¹ As individual and family sessions progress, which may include the primary patient with one or any number of members in the family in various combinations, conflict in which the patient is locked with other members of the family are defined. The therapist then gradually marks out patterns of interaction that "are potentially available for solution of conflict or for restitution."¹²

Techniques employed in the office conferences and home setting include social therapy, educational guidance, psychiatric first aid, psychotherapy for conflicted family pairs, and individual psychotherapy for selected members of the family.

The therapist recognizes the complexity of family therapy. He must time sessions with individuals and sessions with two or more family members with discriminating accuracy. He must be clinically sharp in order to institute shifts in the level of therapeutic intervention into family disturbance at the best calculated moment. When members of a clinical team may have to be introduced to deal with multiple levels of conflict, involved therapists

¹¹Ibid., p. 305.

¹²Ibid.

must meet together with the entire family group at the most opportune time to deal with certain layers of shared conflict.

John E. Bell presents three goals for family therapy.¹³ 1) The therapist seeks to improve the means by which interaction may take place within the family. This is a twofold process: first, of releasing the respective members of the family from inhibitions about the expression of feelings, wishes, ideals, goals, and values; and second, of developing new forms of expression to channel the interpersonal communication. 2) The therapist makes the family conscious of the roles that the various members play in relation to one another. 3) The therapist demonstrates to the family its essential unity and thus the mutual interdependence of each with the other and with the family as a whole.

The pattern of treatment as it progresses develops through several stages, the sessions with the family being held once a week. The first session is held with the father and mother alone. The children, nine years of age and older, and parents come to all the sessions which follow.¹⁴ The stages are: 1) An orientation phase. Two

¹³Bell, op. cit., pp. 5, 6, for discussion of goals.

¹⁴Ibid., pp. 44-47, for development of the stages of treatment.

orientation interviews are held, the first with the parents alone, and the other with the whole family present. 2) The child-centered phase. 3) The parent-child interaction phase. 4) Father-mother interaction phase. 5) Sibling interaction phase. 6) Family-centered phase.

The task of the therapist may be summarized in terms of three basic roles.¹⁵ 1) He structures the conferences, 2) he structures his own participation in the family group, and 3) he adopts a supportive position in relation to the individuals in the context of the group and to the group as a whole.

The Conference. The therapist arranges the form of the conferences, their setting, the group composition and the time. The setting is to be informal to encourage spontaneity and increase capacities for interaction. Composition of the family group will include the primary family group exclusive of children under nine years of age. It may also include collateral relatives such as grandparents, aunts or uncles, or non-related individuals such as a friend or housekeeper, who form part of the family group. Though the therapist is in charge of the conferences, he reduces his authority position so that the family members do not look to him for advice, directions, criticism

¹⁵Ibid., for development of the therapist's task.

and pronouncements.

His Participation. The therapist structures his own participation and orients the family to the ways he will and will not relate to it. He conveys this information in words and by his demeanor. His task is to facilitate communication by remaining interested and alert to what is said, verbally or non-verbally. He helps the family explore their relationships, express their thoughts and feelings, and to structure their roles.

The therapist remains outside the problem-solving and decision-making process of the family, not giving advice or solutions to problems. He structures his relationship to the family so as to encourage its own controls. Yet, he asserts authority over the conduct of the conferences, for this is his domain.

Support. Support is a central aspect of the therapist's manner of relating to the group from the outset. In the orientation of the parents, help of the family as a whole is forwarded, soliciting the important role of the parents in the family setting. When the children are included, the therapist upholds their position by turning to them and keeping the parents in the background. The therapist: 1) Creates openings for individuals to speak, to reply, to answer accusations, to present facts and interpretation of experience from the individual's own

perspective, to correct misinterpretations, and to enter the discussion. 2) He helps the individuals to put ideas, wishes, decisions and feelings into words. 3) He provides support through several forms of interpretation including the reflective, connective, reconstructive, and normative. 4) He helps the family evaluate its readiness for termination of treatment.

Virginia M. Satir views the goal of family therapy to be an attempt to improve methods of communication, which includes all interactional behavior. Family therapy is aimed at correcting discrepancies in communication. The therapy teaches ways to achieve more fitting joint outcomes. Satir's approach to therapy is predicated on the concept that maturation is fundamental to functional human interaction. Maturation is

The state in which a given human being is fully in charge of himself...(He) is able to make choices and decisions based on accurate perceptions about himself, others and the context in which he finds himself; who acknowledges those choices and decisions as being his, and who accepts responsibility for their outcome.¹⁶

Possibilities for development of maturity through family therapy depends upon three primary beliefs about human nature:¹⁷ 1) That every individual is geared for survival, growth and getting close to others and that all behavior expresses those aims no matter how distorted it

¹⁶Satir, op. cit., p. 91.

¹⁷Ibid., pp. 96, 97.

may look. 2) That what society calls sick, crazy, stupid or bad behavior is really an attempt on the part of the afflicted person to signal the presence of trouble and call for help. 3) That human beings are limited only by the extent of their knowledge, their ways of understanding themselves and their ability to "check out" with others. A human being can learn what he doesn't know and can change ways of communicating and understanding that don't fit.

The role of the therapist can be summarized through four avenues of relationship:¹⁸ First, the best way he can see himself is as a resource person. As an experienced observer, he reports impartially on what the family is unable to see. He is careful to be resourceful without appearing to members of the family as the "expert" who knows all and tells all. Second, he sees himself to be a model of communication. Because he is aware of his own prejudices and unconscious assumptions, and has them under control, he does not have to fear revealing himself as he is in the presence of the family. As such, he may provide the first experience of clear communication the family has had. Third, the therapist not only exemplifies what he means by crystal clear communication, but he will help his patients to learn to achieve it themselves. Further, the

¹⁸Ibid., This summary can be read in detail on pp. 97-102.

therapist is aware of the many possibilities of interaction in therapy. He clarifies the nature of interchanges made during therapy, being selective to bring out representative interchanges.

The flow of therapy moves from initial contact between the therapist and the member of the family who signals for help, to the establishment of the family group in a therapeutic relationship. This begins, under ideal circumstances, with at least two sessions with the marital pair alone. In so doing, the therapist says in effect, "I see you two as the authorized leaders of the family. I also see you apart from the children as mates." The parents are recognized as the architects of the family. The family group includes all the members of the family, four years or older. Children who are of age are considered adults in Satir's therapeutic methodology.

Two unique contributions mark Satir's style of therapeutic procedure: 1) The use of questions, and 2) the family life chronology.¹⁹ Questions are employed to draw people out and make them aware of their own communication, and to give the other persons present a new and perhaps enlightening perspective on the way things look, or looked, to the speaker. The family life chronology helps the

¹⁹Ibid., Note chapter XII, pp. 112-136, for a full discussion of the family life chronology.

therapist live with the family in its totality, and gives the family the experience of reliving its past, much of which is a happy past.

The therapist structures at least the first two sessions by taking a family life chronology. This is done for the following reasons: 1) The family therapist enters sessions with his patients knowing little or nothing about the family. 2) The family therapist enters the sessions knowing that the family has, in fact, had a history, but that is usually all he knows. 3) Family members enter therapy with a great deal of fear. Therapist structuring helps decrease threat. 4) Family members enter therapy with a great deal of despair. Structure helps stimulate hope.

The family life chronology is developed in an atmosphere of hopeful discovery, with the family and therapist working together to paint a picture of the past. The approach recognizes unique contributions to be given by each member of the family. The family is given opportunity through the attitude of the therapist to see this procedure to be a scientific process. The family members are scientists with the therapist. A "cast of characters" is skillfully rounded out including first the immediate members of the family and then the members of the mates' respective families. Concentration is given to facts such as names, ages, sex and whereabouts of family members. In this way

details about relationships and feelings are put off temporarily, and time is given in which to develop a loose framework to fit them in. The therapist constantly relates feelings and perceptions to time, place, and context.

When the cast of characters has been expanded, the therapist asks each mate to describe his two parents. In the process of concentrating on each mate's relationship to his own parents, new concepts can be introduced into the family ideology such as: 1) People are different. 2) By reminding the mates that they were children once and observing that their parents were different, the therapist begins to introduce the idea that their child sees them as different. 3) The therapist can point out the unsuitability of the husband's or wife's ways of handling differences. 4) The idea that people disagree is introduced. 5) The idea that pain can be looked at and commented on is introduced. 6) The idea that people can have fun is explored.

When both mate's chronology is brought up to the time of the marriage, accentuating the idea that people are influenced by past models, focus is given to the first days and years of the marriage. The advent of children is discussed and the changes this brought into the relationship between mates explored. Therapy then moves on to the contemporary scene, discovering specifics in the time members of the family spend together. As this portion of the therapy progresses, the children are encouraged more

and more to participate, with the therapist accentuating what can be done about the "pain" in the family rather than who did what to whom.

III. A WORKING SYNTHESIS FOR CONJOINT FAMILY THERAPY IN THE PARISH SETTING

The minister who is sensitive to symptoms of family disorganization stands in a special position to help families work through family conflict to positive outcomes. The first step in a strategy of Conjoint Family Therapy for the local church begins with the training of the pastor himself. The minister as family group therapist, his training, and relationship to family groups is to be described in the next chapter; here, however, it should be noted that the fact that the minister is the therapist is in itself a crucial aspect of the therapy. The minister represents a historical context of the church within which the family attempts to discover constructive ways of relating.

The Family as a Social and Biological Organism: The Gospel of Mark records an encounter between Jesus and a group of Pharisees. The question was, "Is it lawful for a man to divorce his wife?"²⁰ Jesus said, "...from the

²⁰Mark 10:2, 6-9.

beginning of creation, God made them male and female. For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one. So they are no longer two but one. What therefore God has joined together, let not man put asunder." What Jesus understood has been given to us again through the clinical experiences of people like Ackerman, Bell, and Satir. The family is not to be regarded as an assembling of individuals, but as a biological and social organism. The mates in marriage create a new identity, a "pair" or "couple" identity. It is as if the clinician were saying, "The two have become one, so they are no longer two but one."

What is pointed out to be "pair" or "couple" identity between mates is expanded to include the siblings as they arrive in the family. There is a "family identity." The influence of children on parents and of parents on the children precipitates a kind of "organism." The family becomes a living unit in which each individual is an integral part of the whole.²¹

²¹See Margaret S. Mahler and Ruth Rabinovitch, "The Effects of Marital Conflict on Child Development" in Victor W. Eisenstein, ed., Neurotic Interaction in Marriage (New York: Basic Books, 1956), pp. 44-56. We note here especially, "Psychoanalysts conceive of the family unit not merely as a group of individuals who deliberately choose to live together because of conscious affection and common interest, but, more than that, as a closely knit emotional organization of persons who have been attracted to each other and are held together by complementary unconscious motivations."

Conjoint Family Therapy deals with the organism phenomenon. When the family pain is identified in the symptoms of one or more of the family, it signals the minister-therapist to recognize that the pain of one or two is in fact shared by all. His ministering task is to assist the family as a whole through therapy. He does not dwell on the symptom or the individual as such. He recognizes family pain to be a breakdown in relationship. Like Satir and Bell he deals with family interaction and assists the family group to communicate more openly and thus more constructively. The family is viewed as a "cluster of interpersonal relationships centering in the rights, duties, and expectations which individuals bring to husband, wife, parent, and child roles."²²

Toward a Clinical Understanding of the Family:

It is essential for the minister-therapist to engage families in therapy on the basis of a clinical evaluation of the family as a whole. This clinical evaluation should include a brief understanding of the medical history of each member in the family, and from early interviews a psychiatric evaluation of each family member. Robert Marc

²²Charles William Stewart, The Minister as Marriage Counselor (New York: Abingdon Press, 1961), p. 39.

Hodges, M.D.,²³ a transactional analyst who treats family groups, suggests that the minister who wants to become a competent therapist will become skilled at making psychiatric evaluations. In addition to the family history and a personal medical history on each member of the family group, the therapist should assess the mental status of the parents and children.

Dr. Hodges offers five categories for assessing the mental status of members of the family group: 1) Gross Identification, 2) Part Processes (perception, intellection, emotion, action), 3) Integrative Functions (relations to self, relations to others, relations to things, relations to universe as a whole, relations to therapist), 4) Reactions to Disintegrative Threat (normal reactions to mild disintegrative threat, and reactions to severe stress), 5) Summary (diagnostic impression, prognostic indications).²⁴

Hodges' outline for assessing the mental status of family members can be integrated into Satir's family life chronology with benefit to the minister-therapist's understanding of the behavior patterns of the families he

²³Robert Marc Hodges, M.D. has a psychiatric practice in Pasadena, California, and is one of four psychiatric consultants at the Claremont Area Pastoral Counseling Center.

²⁴Dr. Hodges' Mental Status Inventory was presented as part of the spring semester course, Advanced Supervised Pastoral Counseling, 1966.

treats. When the clinical approaches of Hodges and Satir are applied to the practice of Conjoint Family Therapy in the parish setting, the stress is not on information as such. The minister-therapist must know what is going on in the family groups he treats in order to design his treatment plan. He diagnoses what is going on by caring for members of the family group and the family group together with objective accuracy (the chronology and the mental status evaluation), and by an open participation in the family's own history.

Having established an accurate picture of the family as a whole, the minister-therapist should state, preferably in writing, what he perceives to be the basic tension areas or weaknesses in communication of the family in question.

Structure for the Therapy: My own experience with Conjoint Family Therapy in the parish setting supports the position that the best setting in which to carry out family group therapy is in the home of the family itself. For one thing, family members are relaxed in the surroundings with which they are accustomed. For another, the dynamics of communication among members of the family are readily observable in an environment which is familiar to the family group. Further, when Conjoint Family Therapy is carried out in the home setting of the disturbed family he treats, the minister's special skill as a family therapist brings

a new dimension of relevance to his task as pastor to the families in his parish.

It is desirable for the father and mother to meet for at least two sessions with the minister-therapist before the rest of the family is involved in therapy. There is a value, as Virginia Satir has pointed out, in establishing the parents as the architects of the family, and indicating that they are to function as the recognized leaders of the family unit. Once the preliminary contact has been established with the parents, the children can be involved in the family life chronology phase. My personal preference is for all of the members of the family, even the smallest, to be in the family group sessions. As the therapy proceeds it may be less important for the smaller children to be present, and the therapist can exercise his judgment about the appropriate time for the smaller children to be allowed the freedom to play. I am inclined, with Bell, to require that all of the siblings, nine years of age and older, be present during each of the family sessions for the duration of each session.

Therapy is carried out on the premise that the minister-therapist has had more experience in "crystal clear" (Satir's term) communication, and his activity in family groups where the members are not skilled in the art of clear communication can demonstrate what they do not know how to do. The therapist is a "model of communica-

tion" (Satir). Because he is experienced he can "coach" and "referee" (Bell's terms), helping family members to become the kind of communicators who can resolve conflicts, solve problems, and compromise difficulties. He is skilled in the psychodynamics of intrapsychic material, but this is a background skill used to diagnose and understand communication troubles and related problems in the family groups to be treated.

Functionally, then, the symptom is thought of as the product of disruption in family interaction, most usually a breakdown in intra-family communication, and not as the product of intrapsychic conflicts. From this point of view conflicts within the individual become the end results rather than the causes of disturbance.²⁵

Inadequate methods of communication, including all interactional behavior, is the focus of the treatment in a parish practice of Conjoint Family Therapy. This is another way of saying that the therapy is relationship-centered. The minister-therapist does not attempt uncovering therapy, but moves in on the "role images"²⁶ and the behavior of the family members to help them adjust the problems of conflict.²⁷ He helps his clients understand their role

²⁵Bell, op. cit., p. 4.

²⁶Stewart, op. cit., p. 35.

²⁷In Ibid., Stewart defines a role to be, "an interpersonal relationship within a social system like the family, consisting of an actor or ego, and a social object or alter-ego."

images, that is, their pictures of their roles. The family members also are helped to understand the role-expectation of others in the family, and their role-behavior in the family. The conflict between role-expectations and actual behavior in the role, both from each family member's point of view, and the others in the family is clarified. Alternative ways of handling behavior for family members, or adjustment of role images are encouraged.

Virginia Satir gives the following example of how the therapist clarifies the process of interaction for a family group, emphasizing the interpersonal, what is going on "between" the family members.

Th: (to husband) I notice your brow is wrinkled, Ralph. Does that mean you are angry at this moment?

H: I did not know that my brow was wrinkled.

Th: Sometimes a person looks or sounds in a way of which he is not aware. As far as you can tell, what were you thinking and feeling just now?

H: I was thinking over what she (his wife) said.

Th: What things that she said were you thinking about?

H: When she said that when she was talking so loud, she wished I would tell her.

Th: What were you thinking about that?

H: I never thought about telling her. I thought she would get mad.

Th: Ah, then maybe that wrinkle meant you were puzzled because your wife was hoping you would do something and you did not know she had this hope. Do you suppose that by your wrinkled brow you were signalling that you were puzzled?

H: I guess so.

Th: As far as you know, have you ever been in that same spot before, that is, where you were puzzled by something Alice said or did?

H: Hell, yes, lots of times.

Th: Have you ever told Alice you were puzzled when you were?

W: He never says anything.

Th: (smiling, to Alice) Just a minute, Alice, let me hear what Ralph's idea is of what he does. Ralph, how do you think you have let Alice know when you are puzzled?

H: I think she knows.

Th: Well, let's see. Suppose you ask Alice if she knows.

H: This is silly.

Th: (smiling) I suppose it might seem so in this situation, because Alice is right here and certainly has heard what your question is. She knows what it is. I have the suspicion, though, that neither you nor Alice are very sure about what the other expects, and I think you have not developed ways to find out. Alice, let's go back to when I commented on Ralph's wrinkled brow. Did you happen to notice it, too?²⁸

This excerpt demonstrates the work of the therapist. He does not assume an authoritarian position, but is a participant in the family group. He is skilled to observe interaction with objectivity, and can report back to the family members what he hears and sees with accuracy. The therapist in Conjoint Family Therapy is a teacher in the

²⁸Satir, op. cit., pp. 97-99.

in the best sense of the word. He instructs from the stance of a substantial degree of interpersonal awareness and skill in counseling.

Conjoint Family Therapy is exemplary of what Howard J. Clinebell calls a "revised model for pastoral counseling." Clinebell's model provides a basis for understanding the structure that Conjoint Family Therapy should take when practiced in the parish setting; it emphasizes:

- 1) using supportive rather than uncovering methods;
- 2) improving relationships (through couple, family, and group methods) rather than aiming at intrapsychic changes;
- 3) maximizing and utilizing one's positive personality resources in addition to reducing negative factors;
- 4) coping successfully with one's current situation and planning for the future rather than exploring the past extensively;
- 5) confronting the realities of one's situation, including the need to become more responsible, in addition to understanding feelings and attitudes;
- 6) making direct efforts to increase the constructiveness and creativity of behavior as well as feelings and attitudes;
- 7) dealing directly with the crucially important vertical dimension (the dimension of values and ultimate meanings) in relationships as well as the horizontal dimension of physical and psychological interaction.²⁹

In summary, the goals of Conjoint Family Therapy are: 1) To establish communication so that members of the family are speaking and listening to one another. 2) To

²⁹Clinebell, op. cit., pp. 27, 28.

help the persons identify their roles in the family. Each member of the family should be aware of his role and other member's complementary roles, and he should accept this or modify it for each member's benefit. 3) To demonstrate family unity. Families in trouble tend to emphasize lack of unity, and contribute to deterioration of relationships. By working with healthy aspects of the family, the members learn to react constructively. 4) To help family members broaden the range of relationships. The counseling situation can provide the atmosphere where family members can treat each other like people are treated who are outside the family.

CHAPTER IV

THE MINISTER AS CONJOINT FAMILY THERAPIST

Carroll A. Wise asks a fundamental question for the meaning of pastoral care. "What is the communication of the Gospel?"¹ He suggests that the Gospel is a living relationship embodied in the person and work of Christ.

God's message to man concerning his redemptive love may be put into words, but the deepest and only fully adequate means of communication of God's love to men was its Incarnation in a Person and its expression in the relationship of that Person with other men in a historical setting.²

Wise shows that the communication of God's redemptive love to people is given in Jesus Christ through the Being of Christ himself. Being, as the ministering task, is the core of pastoral care. The minister becomes "involved in the very existence and predicament of the person; his tensions, sufferings, meanings, values, joys."³ In summary:

The task of the pastor is not so much in the realm of doing as of being. It is a matter of being the kind of person who helps others find their own true relationship to God, is that inwardly they may become whatever in the grace of God they can become, and at the same time function adequately in relation to themselves and to their fellow man.⁴

¹Carroll A. Wise, The Meaning of Pastoral Care (New York: Harper and Row, 1966), p. 9.

²Ibid., p. 10.

³Ibid., p. 14.

⁴Ibid., p. 15.

I want to explore the demands that practice of Conjoint Family Therapy in the parish setting require of the minister who views his central ministering task to be the communication of God's redemptive love to people through his own being. Participation in this ministering task demands more than a perfunctory self-examination. The needs of people in troubled families require the minister-therapist to examine his own intrapsychic make-up, value system, and interpersonal transaction-patterns in depth.

I. THE MINISTER, A HUMAN BEING

In The Creative Years, Reuel L. Howe describes a colossal pastoral failure.⁵ Dick Foster is a parishoner faced with critical needs in himself, his family, and his work. His pastor, Dr. Powers, meets him on a commuter train, and a conversation ensues.

Dr. Powers speaks: "Hello, Dick. How nice to see you!"

"Why, hello, Dr. Powers, what are you doing here?"

"Just coming back from a meeting in the city, and I've been working my way through the train visiting with some of the men in the parish. Now there's time for a visit with you."

"Fine. Sit down, Dr. Powers. I was just thinking about you a little while ago."

⁵Reuel L. Howe, The Creative Years (Greenwich, Conn: Seabury Press, 1962), pp. 3-17, for the full text of this encounter.

"I hope your thoughts weren't too hard on me."

"No, I guess not. I was thinking about Bernard and Linda (Dick Foster's son and daughter-in-law who are having marital adjustment problems), and about your having married them."

"They're a great couple. They'll make out all right. They're young and they have their whole life before them. By the way, how is Jane? (Dick Foster's daughter who has been a patient in a mental hospital) She's really had a hard time. I must get around and see her sometime. Strange that she should change the way she did. Such an attractive child and so full of energy and love of life. When do you expect her to be released from the hospital?"

Dick Foster thinks to himself: "I can't talk about this with him. I want to but he's so darned casual. I'd have to go into Julie's (Dick Foster's wife) and my whole life. The doctor says that this is all part of her trouble. I've got to get straight on what's going on inside me before I can talk about Janie -- or talk to her, for that matter. I can't say right out that Jane's trouble began way back in my relationship with Julie. Powers wouldn't know what I was talking about -- and, O God, I don't either."

Foster speaks again: "The Doctor thinks she might come home sometime next month."

"It's amazing what science can do for mental illness these days. It seems as if science has acquired the power to heal that religion used to have."

"Yes, I suppose that's true, but in this case, it wasn't science that healed so much as something else. By the way, do you know Mr. Duncan?" (Mr. Duncan proved to be the healing agent for Jane.)

"Do you mean that artist who is giving popular lectures on the healing power of art? He talks about art as if it were a way that heals people. Well, I must be on my way. I see Dick Andrews ahead. I must talk to him about our next financial canvass. Glad things are going so well with you. Take care of yourself."⁶

⁶Ibid., pp. 10, 11.

Dr. Powers failed in his pastoral task because he did not see that he was first of all a human being. He was acting a role. He was doing things that looked pastoral, but he was not ministering. Dick Foster struggles with crucial issues in his life. He is being defeated, and needs someone to help him in his personal affairs. Foster realizes the impossibility of engaging Powers in dialogue. Powers is incapable of intimate sharing because he is out of contact with his own being. Powers must engage in a religious, a psychological quest. He must embark on a search for himself, his own humanity, if he is to minister to anyone. And so, too, the ones who choose to minister through the discipline of Conjoint Family Therapy.

The search for self-understanding is a quest given to every person, and is subjectively described in Howard Thurman's meditation on the 139th Psalm.

With all my ways,
 Thou art acquainted:
 The silent coming together of all the streams
 Nourished in ancient sires
 Since Life began:
 The quiet shaping patterns,
 That gave meaning and substance
 To all I know as mine:
 The nurture of mother,
 The molding of climate,
 The rending of heritage
 That stamped their mark in my tender mind
 and growing limb;
 The tutoring by playmates
 and those who instruct;
 The sure hand of Spirit
 that held in keeping
 sensitive meanings of right and wrong...

With all my ways
 Thou art acquainted:
 The making of plans far below the level
 of the daily mind
 that find their way to guide
 the movement of the deed --
 Habits that monitor the freshness
 in all spontaneity
 and tame the glory of the creative act;
 The unrestrained joy of impulse
 sweeping all before it in riotous rejoicing;
 The great tenderness called to life
 by that which invades the heart
 and circles all desires;
 The little malices;
 The big hostilities;
 The subtle envies;
 The robust greeds;
 The whimpering contrition;
 The great confession;
 The single resolve;
 The fearful commitment;
 The tryst with Death
 that broods over the zest for life
 like intermittent shadows
 from sunrise to sunset --

 Thou art acquainted --
 Thou art acquainted --
 With all my ways.⁷

The minister's involvement with the people he treats
 in the close inter-personal contact given by Conjoint
 Family Therapy requires him to move in a direction the
 poets understand. His will be a quest given by the needs
 of people in dysfunctional families whose capacities to
 communicate are limited by destructive behavior patterns,
 and whose needs are faced irresponsibly. They drive the

⁷Howard Thurman, The Inward Journey (New York:
 Harper and Brothers, 1961), pp. 141, 142.

minister-therapist to engage in a depth appraisal of his own psychodynamics. He must be his real self with others who need him to understand and care about their deep feelings of alienation, of defeat, of hopelessness, of loss of the sense of self.

II. REFERENT REACTION, KEY TO SELF-UNDERSTANDING

Dean Johnson offers the concept "referent reaction" as a substitute wording for the psychoanalytic terms "transference" and "counter transference" to describe phenomena which take place in the counseling relationship. Dr. Karl Menninger's definition of transference is given by Johnson as a criteria against which referent reaction can be described. Transference is

the unrealistic roles or identities unconsciously ascribed to a therapist by a patient in the regression of the psychoanalytic treatment and the patient's reactions to this representation derived from earlier experience.⁸

The difference between counseling, where referent reaction is observed, and psychoanalysis, where transference occurs, is that the entire psychoanalytic treatment structure both facilitates and encourages regression, while in the counseling structure and process regression

⁸Dean Johnson, Marriage Counseling: Theory and Practice (Englewood Cliffs, N.J.: Prentice-Hall, 1961), p. 41.

is neither encouraged nor facilitated. In fact, the problem-solving work in the counseling situation discourages transference in the strict psychoanalytic sense of the term.

Referent reaction responses are akin to transference as described above in that the trained observer can see phenomena characterized by client attitudes, maneuvers, actions, and verbalizations that are not appropriate to the reality situation in counseling. Johnson calls these "as if" responses. The client responds to the counselor "as if" the counselor's role were different from the role the counselor believes he has, and different also from the role that is appropriate for him. The counselee, for example, may view the counselor as a "bad" parent who is tyrannical and punitive and deserving of the client's hostile attacks, while in fact the counselor is prepared to be helpful in constructive, self-esteeming ways. However far from objective reality the roles ascribed to the counselor by the counselee may be, they are quite real to the client and constitute one basis for his inappropriate responses. Further, the client's responses are "as if" the client's roles were different from the roles that would be appropriate to the reality situation.

Immaturity is an impressive feature of the "as if" responses observable in referent responses. The petulant,

seductive, teasing, baiting, nonchalant, hostile, stubborn, daring qualities that are so readily observable in children are present in the responses. A client's ascription of unrealistic roles to the counselor and the taking of unrealistic roles for himself have, as Johnson states, a "referential quality." That is,

while the behavior occurs in the present, the point of reference for the expressed attitudes and the emotion-laden responses lies in the past in one's relationships with other persons who were singularly significant to him in a psycho-social sense.⁹

The term "referent reaction" is applied to this phenomenon.

What can be observed in clients who come to the minister for counseling, is also a present possibility in the minister himself. The minister's own referent reactions, and his awareness of them, are signals to engage in more thorough self-examination. Like the people who come to him for help he, too, is first of all a human being, a bio-psycho-social organism adapting to the world of people and things, whose experiences are likely to illicit irrational and unconscious responses. The minister-therapist may react toward his client in ways that are inappropriate to the actual situation, and as though the client were an important person in his past.

The danger for the minister who engages in the

⁹Ibid., p. 42.

practice of Conjoint Family Therapy and other forms of counseling procedures is that his own neurotic traits and unconscious conflicts remain unknown to him, and involve his clients in his own problems. Several examples will serve to illustrate problems the aware and well trained minister-therapist should strive to avoid.

1) Conjoint Family Therapy provides many opportunities for the gratification of deep human desires, with the counselor being at the center of his clients' appreciation. The minister-therapist who does not understand his own motivations may find himself indulging in narcissistic gratification, using the counseling situation to find satisfaction for his own wish to be liked, approved, and important. When unaware of his motivations, the counselees, and the counseling, will suffer.

2) The minister-therapist who has not learned to recognize and handle his own needs may react to members of the family group in the way he once reacted to his own parents. He may hold punitive attitudes toward others who express hostility toward him. Or, he may form an identification with one member of the family without recognizing the fact that he has taken the side of the person with whom he has identified.

3) Not infrequently counselors treat a patient as if the patient were a projected part of himself. He may

become too anxious that the patient shall fulfill what he himself has been unable to achieve. Or, he may find himself wanting to reform the patient because the counselor feels that a part of himself is bad and needs reformation.

4) Falling in love with a patient, or patients, is a danger for the unaware minister-therapist, and even for the therapist who is aware of his inner motivations.

Anthony Storr has pointed out,

A sexual bond between therapist and patient is bound to be incestuous, and to interfere with the development of the patient's personality in precisely the same way as we have already indicated that parent-child incest is liable to do.¹⁰

Dean Johnson summarizes the problem of referent reaction for the counselor:

In short, a counselor's referent reactions may involve excessive sympathy, overfriendliness, seductiveness, resentment, hostility, or authoritative and demanding attitudes. Counselors generally do not talk very much about such things because first, they are not aware of what is happening, and second, they often are not willing to admit their own reactions.¹¹

And this is precisely the point. The counselor's own referent reactions are the key to embarking on a process of thorough self-examination. As the counselor becomes aware of his limitations in the counseling situations that come to him, seeks supervision of his work by a com-

¹⁰Anthony Storr, The Integrity of the Personality (Baltimore, Md.: Penguin Books, 1960), p. 153.

¹¹Johnson, op. cit., p. 44.

petent and trained observer, and participates in experiences in psychotherapy as need is indicated, a process is begun in which he gradually becomes free enough from his own emotional blind spots to understand others and function adequately as a counselor. His goal is not to become coldly objective about himself and others, but to achieve an objective subjectivity.

Anthony Storr describes the therapeutic relationship this way:

I would say that for the therapist to care for his patient in a genuine way is the best possible basis for treatment. Caring for another person in an objective way is, I believe, both possible and desirable, and is entirely different from being involved with them emotionally in a subjective fashion.¹²

Dean Johnson summarizes the relationship:

The counselor himself is the most effective counseling tool he can possibly have, provided he can come to understand and accept his own subjectivity. He can never help the client by being so coldly objective that he is completely emotionally detached from the relationship between counselor and counseled. Only as he uses his subjectivity effectively, can the counselor feel, sense, and anticipate the reactions and emotions of the counseled.¹³

Storr and Johnson are talking about the kind of counselor who is himself, who has made self-understanding a primary requirement for the counseling task. The minister-therapist can hope to achieve the qualities Dean

¹²Storr, op. cit., pp. 150, 151.

¹³Johnson, op. cit., p. 39.

Johnson observed in Dr. C. F. Menninger.

I owe a special debt to the late Dr. C. F. Menninger whose love of nature and its beauty was contagious and whose presence carried into any group an inspirational atmosphere of hope and certainty. Regretfully, he never knew it, but as I listened and observed this man who spent his life helping people, I knew that of far more importance in the helping process than his medical knowledge was the man himself and his total attitude toward people and things -- an attitude that conveyed faith, hope, and love.¹⁴

The minister who practices Conjoint Family Therapy must be honest with himself. What are the meanings of his behavior? This question may lead him to engage a long, painful, and extensive process of treatment, as Daniel Blain, MD, Medical Director of the American Psychiatric Association, has said in "Fostering the Mental Health of Ministers."

At times the minister may find it necessary or helpful to turn to a trained psychiatrist for personal help. This is not an easy thing to bring oneself to do any more than it is easy to undergo radical surgery... Since in our society there is still some stigma involved in admitting mental illness, psychotherapy may be even more difficult to face than surgery.¹⁵

III. CONJOINT FAMILY THERAPY AND THE ACHIEVEMENT OF SELF-UNDERSTANDING FOR THE MINISTER-THERAPIST

Conjoint Family Therapy is a counseling emphasis in which the focus of the psychotherapy is on the "between" of

¹⁴Ibid., p. vii.

¹⁵Daniel Blain, "Fostering the Mental Health of Ministers," Pastoral Psychology, IX:84 (May, 1958), 18.

family relationships. The minister-therapist must be well grounded in the meaning of intra-psychic dynamics, but his work with family groups does not stress uncovering¹⁶ procedures to enhance family functioning.

Because the intra-psychic dynamics are implied in Conjoint Family Therapy, the referent reactions of the minister-therapist may be cathected, and to the extent they are present will disrupt the flow of helpful counseling. Dr. Howard Clinebell cautions the would-be family therapist, recognizing that self-understanding is essential to the practice of Conjoint Family Therapy. He says,

Family therapy is not an approach for ministers with little training in counseling. To be effective it requires a substantial degree of inter-personal awareness and skill in counseling.¹⁷

Dr. Clinebell offers five steps by which a minister-

¹⁶Dr. Louis Paul, MD, describes uncovering and non-uncovering psychotherapy in detail. In his article, "The Operations of Psychotherapy" he says of non-uncovering psychotherapy, "The procedures which are specific to predominantly non-uncovering psychotherapy are strengthening of repression, manipulation of the environment, supplying general information, supplying advice, and suggestion..." Of uncovering psychotherapy he says, "Psychotherapy which is predominantly uncovering or insight psychotherapy includes two procedures: The first entails instructions or invitations to look into and at one's self. The second entails interpretations or observations about what should be looked for; sometimes an explanation is added to such observations." Louis Paul, "The Operations of Psychotherapy," Comprehensive Psychiatry, IV:4 (August, 1963), pp. 285-287.

¹⁷Howard J. Clinebell, Basic Types of Pastoral Counseling (New York: Abingdon Press, 1966), p. 129.

therapist can acquire the family therapy method as a usable tool.

- 1) Strive to increase your skill as a role-relationship couple counselor. Family therapy is an extension of the same basic approach but is more demanding because it involves more people.
- 2) Master the theoretical material contained in Bell's monograph and Satir's book. Both contain case material which helps to bring family therapy methods alive...
- 3) Begin with a three-member family which is not severely disturbed and which does not occupy a crucial position in your church's power structure. The need to succeed (and the fear of failure) with pillar-of-the-church types tends to arouse more anxiety in the counselor than is compatible with the level of awareness required in effective counseling, especially with families.
- 4) If possible, establish a continuing relationship with a consultant from one of the mental health professions who is experienced in family therapy. Check the development of your family counseling relationships regularly and in detail with this person. This practice will accelerate growth in this skill.
- 5) Tape family group sessions (with their permission) for your study and reflection between sessions and for use with your consultant. You may be able to recognize some of your mistakes by hearing a playback.¹⁸

I was on the counseling staff of the Claremont Area Pastoral Counseling Center as a student in the School of Theology at Claremont course, Advanced Supervised Pastoral Counseling for the period, September, 1965 to June, 1966. In December of 1965 I was assigned as family therapist for the Case Study Family detailed in Chapter V. My small group supervisor for the spring term was Dr. Howard Cline-

¹⁸Ibid., pp. 129, 130.

bell. I met weekly with Dr. Clinebell and three student counselors to hear and evaluate taped counseling sessions carried out at the Counseling Center. It was apparent that my referent reactions were hindering the counseling process during a supervisory session in which a tape of the Case Study Family was evaluated. I recount this experience for three reasons: First, my participation as a therapist in Conjoint Family Therapy cathected responses which demanded more than a superficial adjustment in counseling technique. The crisis of the family group precipitated my own psychic crisis. I needed to get psychiatric treatment if I were going to excel as a family therapist. Second, I engaged the clinical services of Robert Marc Hodges, MD, who helped me toward achieving a fuller self-understanding which has subsequently benefited the family therapy I practice in my parish. Third, while every minister who attempts the practice of Conjoint Family Therapy will not be led to enter psychotherapy himself, he should have his work supervised. If his work indicates need for help in depth, he should avail himself of the services of a competent psychotherapist.

Virginia Satir states that maturation is the most important concept in therapy. Maturation is described to be "the state in which a given human being is fully in

charge of himself."¹⁹

A mature person is one who, having attained his majority, is able to make choices and decisions based on accurate perceptions about himself, others, and the context in which he finds himself; who acknowledges these choices and decisions as being his; and who accepts responsibility for their outcomes.²⁰

I want to enumerate patterns of behaving Satir considers to be characteristics of a mature person. They are the marks of competency in the practice of Conjoint Family Therapy. A minister-therapist who counsels family groups out of the growing experience of maturity will:

1. Manifest himself clearly to others.
2. Be in touch with signals from his internal self, thus letting himself know openly what he thinks and feels.
3. Be able to see and hear what is outside himself as differentiated from himself and as different from anything else.
4. Behave toward another person as someone separate from himself and unique.
5. Treat the presence of different-ness as an opportunity to learn and explore rather than as a threat or a signal for conflict.
6. Deal with persons and situations in their context, in terms of "how it is" rather than how he wishes it were or expects it to be.
7. Accept responsibility for what he feels, thinks, hears and sees, rather than denying it or attributing it to others.

¹⁹Virginia M. Satir, Conjoint Family Therapy, A Guide to Theory and Technique (Palo Alto, Calif.: Science and Behavior Books, 1964), p. 91.

²⁰Ibid., p. 91.

8. Have techniques for openly negotiating the giving, receiving and checking of meaning between himself and others.²¹

²¹Ibid., p. 92.

CHAPTER V

A CASE STUDY IN CONJOINT FAMILY THERAPY: FROM DYSFUNCTION TO REDEMPTION

I have elected to illustrate ways Conjoint Family Therapy is a means for illuminating God's redemptive action in dysfunctional family groups through presentation of a Case Study Family. The Case Study Family has consented to permit use of data from counseling sessions carried out at the Claremont Area Pastoral Counseling Center. I was assigned their family therapist as part of the 1965-66 fall and spring terms of Advanced Supervised Pastoral Counseling, and continued as their therapist through August, 1966. To assure anonymity I have withheld the identity of the Case Study Family, and the fictitious family name "Janus"¹ is substituted in the case study which follows.

Robert Ardrey's description of the Roman god, Janus, is instructive for the symbolic meaning that Janus may have for families in which destructive patterns of behavior are replaced by constructive ones.

The Romans were great ones for cults, and the cult dedicated to Janus must have lasted for better than a

¹On May 12, 1966, the Identified Patient in the Case Study Family group drew a picture during the therapy session. He explained that the picture was the Roman god Janus. "Janus," he said, "stood at the gateway to the past and the future. You can look both ways, to the past and the future."

thousand years, down at least to the time of Hadrian and the later Empire. His jurisdiction was of an odd sort: he was the god of doorways. This is why we see him as a rule with two faces, for this is how they arranged him over the door, with one face looking into the house, the other out. But beyond this matter of doorways, Janus had a larger and more splendid jurisdiction, for he was the god of the beginnings. He was the god of the beginning of the day, and of the beginning of the month, and the beginning of the year. January was named after him. Janus ruled over the beginning of almost everything, like the laying of an aqueduct's first stone, or the birth of a family's first baby, or the sowing of seed in the first early springtime fields. Romans trusted him, and regularly they climbed the Janiculum's slopes to refresh themselves with his memory. I have a sneaking admiration for a people who cared that much about beginnings, just as I have a sneaking admiration for an old god sitting up on a hill and giving his undiverted attention to the matter.²

I. THE CASE STUDY FAMILY, A DESCRIPTION OF THE MEMBERS AND THEIR PROBLEMS

There are five members who compose the Janus family. The husband-father will be called Edward. He was thirty-two years old at the time of the therapy. The wife-mother is to be called Diane. She too was thirty-two years of age. The three children are to be identified as John, eight; Stephanie, six; and Donald, three. The Janus family came to the Claremont Area Pastoral Counseling Center upon recommendation of their pastor who had conferred with them after school authorities and their family pediatrician ad-

²Robert Ardrey, The Territorial Imperative (New York: Atheneum, 1966), pp. 320, 321.

vised the need for family group therapy.

Edward, a Caucasian male, is approximately 6'4" in height, and weighs about 280 pounds. He is self-conscious about his size and weight. Edward dresses fairly well, but tends to be on the careless side. His voice is inappropriately loud most of the time as he speaks in family conversation. He speaks with a throaty strain. Edward is an alert person with above average intelligence. He has a Bachelor of Science Degree in Engineering, and holds a supervisory position with an aircraft corporation commensurate with his educational status. Edward is capable of animation in his emotional responses. But when he is under emotional stress he will at times assume a bland attitude, appearing that he doesn't care, or fall back on a stance of primitive rage and act out the rage. He reports that when he was an adolescent he threw a hatchet at his best friend when he became angry. He has been abusive to John and to Diane. During the course of therapy Edward became angry one night, picked up the headboard of his and Diane's bed, and smashed it on the floor. Edward is a competent worker. He expends energy to accomplish constructive projects. He is a responsible provider.

Diane, a Caucasian female, is of medium height and weight. She tends to deny her femininity by conservative dress, a shuffling walk, and a slight stoop in posture. Diane's facial expression conveys sadness much of the time,

and when she smiles it is forced. There is a masculine tone to Diane's voice. Diane is of above average intelligence. She has a high school education, but feels inadequate because she has no college degree. She has taken special work in painting, and achieved some success as an artist. Her thought process tends to be hesitating, as though she doesn't have confidence in herself. Diane's emotional mood swings to the depressed side, though she is capable of cheerful emotional response. Her emotional responses are prone to be bland and apathetic. Diane is disappointed in herself most of the time. Yet, she does a reasonably efficient job as homemaker. Her energy level is limited, but she produces nevertheless.

John is the Identified Patient³ in this family. Complaints about John included that he defecated and urinated in his clothing at school, he did not "pay attention," he was a "dreamer" at school, he was doing poorly in his class work, and he did not "mind" when told to do things at home. John tends to be on the chubby side and moon-

³The term Identified Patient used by Virginia Satir. "The Identified Patient is the family member who is most obviously affected by the pained marital relationship and most subjected to dysfunctional parenting. His symptoms are an 'SOS' about his parents' pain and the resulting family imbalance. His symptoms are a message that he is distorting his own growth as a result of trying to alleviate and absorb his parents' pain." Virginia Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1964), p. 2.

faced. His face is expressionless much of the time, as though he is not present when another addresses him. He is alert, but easily distracted. He is of above average intelligence, though he tends to scramble his words, running over the consonants. He often speaks in riddles. He combines the bland sides of his mother and father into an emotional style which gives the impression he is "not with it" or is "far away." John is an energetic child, but he is restless. His energy is not connected with specific projects on his level.

Stephanie is an animated child who smiles easily and with an engaging warmth. Her intellectual capacities are above average. She does well at school. Stephanie tends to be quiet and somewhat withdrawn in the family.

Donald is slight of build, though a physically healthy child. He mirrors some of the characteristics of his brother. He does not center down on any one activity, but moves about from one center of attention to another.

I have postulated that families function as total units, as wholistic organisms. John's "problems" at school ("Why does he have to have that problem. Knowing that he has messed in his pants is so embarrassing."), and at home ("He doesn't mind when he's told to pick up the tools he's been playing with in the garage. It's as if he hasn't even heard me, so I begin to yell at him to get some action.") reflect the pain that all of the family

members experience. The pain in this family caused sufficient anxiety in the parents so that steps were taken to face the difficulties that estranged them.

The Janus marriage is a painful marriage. On the basis of the organismic concept of family life, it follows that the family is pained as result. Edward has brought a complex of inadequate impressions about himself to his marriage, and feels ineffectual as a male. His physical size and loud voice betray a very frightened little boy. Because he is unable to cope with the weaknesses in himself, he loses control of his rage feelings, and is abusive in his language and actions to his wife and boy. Diane and his children are afraid of him. Diane, like her husband, is a person with low self-esteem who has been able to bring few positive resources to her marriage. She thought Edward was a strong man. She anticipated his strength because she thought she needed it to stabilize her own weakness. When she discovered that Edward was as weak as she, she fell into a familiar pattern of her life. She felt a failure and was hopeless. Both Edward and Diane have fed on the weakness of the other in a sick way. Edward, in unconscious rejection of his mother picked a weak wife so that he could do what he had always wanted to do, give her the "business." Diane, whose father said she was worthless, thought she wanted a strong husband to tell her she was a good person. She chose what she really wanted, a big man

with a loud voice to remind her how "bad" she was.

The effect of this painful marital relationship has gratified the infantile limitations of Edward and Diane. There had been some anxiety to change the destructive patterns of their marriage, but the anxiety had not been sufficient to effect desire for lasting change. John responded to the marital pain by becoming an extension of the pain. So, John became a dreamer. He did poorly in school. He defecated and urinated in his clothing.

At the time the Janus family entered Conjoint Family Therapy they were a dysfunctional family. In addition to the problems described above, the family pain was further observed by the fact that the family members were poor communicators. Communication had become "covert."⁴ If the Januses were to go on a week-end camping trip in the camper as they enjoyed doing from time to time, the decision-making process would have been as follows. Edward would try to let the family members know that he wanted to go on a trip by saying something like, "You would like to go on a camping trip this week-end, wouldn't you Diane, John, Stephanie, and Donald?" Or another version might be, "It would be good for you, Diane, and the children too, to go on a trip to the desert this Saturday." A clear commu-

⁴Satir uses this term to describe family interaction in which communication has gone underground. She discusses this phenomenon in Ibid., Ch. 3, pp. 11-19.

nicator would simply say, "I want to go on a family trip this week-end, how about you?"

An example of covert accusation will help clarify the problem the Janus family was having with crystal clear communication. Suppose that Diane did not respond to Edward's covert request for the family to go on a week-end trip in the camper. Instead of stating specifically, "Did you hear my request, I would like to go to the desert this week-end, how about you?", he would withdraw from the family saying, "You people never pay attention to what I am saying. I'm going to the garage to work with my tools, and don't bother me!" Diane's typical response would be, "Edward doesn't like me and the children."

Satir summarizes that dysfunctional mates will have "low self-esteem, high hopes, and little trust."⁵

Each ends up acting like a parent one minute and a child the next. Each says, "Here, run my life for me (yet I wish you wouldn't!)" Each also says, "All right, I will run your life for you (yet I wish you would run your own)." Each takes turns at being either the strong, adequate one, or the helpless, inadequate one. There is only room in the relationship for one strong, adequate person. Each operates as though being an individual and being a husband or wife are incompatible; as though individuality and marriage don't go together.⁶

The dilemma Satir describes had become the typical pattern which locked the Janus family in destructive and hurtful

⁵Ibid., p. 17.

⁶Ibid., p. 18.

behavior. It was the task of Conjoint Family Therapy to help release them from their separateness, and bring the redemptive healing of God's love.

II. THE PROCESS OF THE THERAPY AND GOD'S REDEPTIVE ACTION

I will focus attention on crucial reference points in the family therapy with Mr. and Mrs. Janus and their children. The religious aspects of each reference point should help to evaluate the parish practice of Conjoint Family Therapy in light of my discussion of the ministry of redemption in Chapter I.

The Beginning: The Janus Family was anxious when they came to the Claremont Area Pastoral Counseling Center for help with their family crisis. The anxiety of the parents was observed in several ways. They were anxious about John. Something was "wrong" with John, and something was "wrong" with them. The parents felt judged by the community for their son's behavior. They felt guilty for not being "good" parents. Further, they were aware that all was not well in their marriage, and wondered if the family therapy meant they would have to open up on that sore point.

The beginning sessions of the therapy were aimed at helping the family to feel at ease in their counseling

experience. The family was a unit. Each family member was a person, and would be respected as a person in the counseling sessions. Each one would speak only for himself, and not for anyone else. The counselor's task was to assure this ground rule of the family therapy.

The beginning phases of the therapy were aimed at creating an atmosphere of confident acceptance. My work as minister-therapist in the family was carried out in light of the qualities of maturity described in Chapter IV. I strove to accept the unique individuality of the family members, and create the kind of atmosphere in which the family members were more free to do the same. Differentness was not looked upon as an invitation to conflict, or as evidence of being unloved, but as opportunity to explore new experiences together.

When therapy succeeds in the creation of an atmosphere of confident acceptance, the Gospel is communicated in the relationship of love that has made it possible. Carroll A. Wise quotes Brunner to emphasize this aspect of meaningful pastoral care.

In love I will the other person to be as he is, that is as God gives him to be, and yet at the same time I will him to be different, as God wishes him to be. But since, before all else, God wills that I should be different, since before all else, I must remember that by nature I oppose my will to that of the other, the first and also the surest sign of genuine love is my acceptance of the other person, the attitude which does not correct him, or "pull him up" or demand or resist. The

distinctive mark of the Christian ethos...is positive love, self-sacrificing surrender, which from the psychological point of view is the highest activity.⁷

The minister-therapist brings a special quality of judgment to the acceptance he represents by his presence. He is skilled to be discerning of behavior in the family. He interjects the capacity to evaluate behavior as it is. He accepts the facts about the person. His presence conveys an accepting relationship in which self-judgment and evaluation are encouraged by an ability to know the worst there is to know and still accept the other as a person deserving the understanding. I think this capacity reflects the incarnational principle, the good the minister brings to the family. A relationship in which acceptance and judgment are balanced by each other is from God who is the ultimate Good.

Focus of the Therapy is on the Family Group: The mates in the Janus family wanted to talk about John's problem as the problem of the family. "Yes, we see the importance of our family as a unit, and that our marriage makes the difference in the ways the children behave, but when are we going to talk about John?" The fact was that without discussing the specific problems John faced at school he was able to conform more acceptably to conventional

⁷Carroll A. Wise, The Meaning of Pastoral Care (New York: Harper & Row, 1966), p. 83.

social standards. He had not defecated in his clothing from the outset of therapy. He regressed to urinating in his clothing at school only after a brief separation of the parents. (Edward went to the East coast for five weeks on company business.) When the mates worked through some of the difficulties they had upon Edward's return, John's symptoms disappeared.

The family therapy made it possible for the mates to describe their own family experience. John, Stephanie, and Donald discovered that their parents were children once too. The mates talked about how they met in high school, reminisced about their courtship and marriage, and conveyed enthusiasm for happy days. The birth of the children was recounted, and though there were unhappy times in the past, the dominant memories were happy ones.

During this early phase of the therapy it was possible to interrupt the negative self-feeding mechanism that made family life appear hopeless. Start on a new cycle of dealing with life problems was introduced. Further, a new basis for entertaining self-esteem was begun. The parents could look at themselves as children again. What they had been deprived of in childhood (Diane's dominant child concept of herself was the one she accepted from her father, "You are dumb, stupid, worthless.") was being supplied in the therapy. Conversation about the families from which the mates came gave the mates a new basis on which to

appreciate the need for love in each other. By talking about responses to their childhood families the mates were learning to esteem each other. Edward had established a pattern of calling his wife "dumb" and "stupid" when she didn't plan family meals well. When Edward learned how much his wife had been hurt by words like this as a little girl, he discovered a resource for refraining from the use of such language.

This family had a formal connection with the church. They were active in the denomination of their choice. Token religious observances, like rote prayers at the meal table, were practiced. Edward and Diane have been estranged from each other in their marriage and family life. Their children have not experienced the full benefit of the love-potential in the family. The patterns of estrangement, particularly complications which have come from a relationship in which two low self-esteem mates want from each other, were too deeply established to permit intimacy. Living together had become a formality like being Protestants was a formality. As each family member was encouraged in the therapy to speak about himself (his disappointments, fears, hopes, needs) in the attentive hearing of the others in the family, a new basis for loving was introduced. Loving was not discussed in the abstract. Love was experienced through involvement in the real feelings, experiences, and needs of the family members. There were

limitations in the capacity of the family members to esteem each other (to be empathetic with each other, to get inside each other's perceptual shoes), but the process was begun. What happened was incarnational. The family members were involved in loving each other through the discipline required by the microcosm⁸ family experience.

Involvement in the Pain of the Marriage: Carroll A.

Wise has said,

The meaning of pastoral care is that we must be able to enter into and suffer with those whom we seek to help. If our concern to help others ends with those who require little cost on our own part, then we will not help many. The genuine pastor comes to his people as one who has taken their burden on himself, their suffering into himself.⁹

Depth involvement of the minister reflects the suffering love of God. He suffers with the family as a participant-observer.

I would say that for the therapist to care for his patients in a genuine way is the best possible basis for treatment. Caring for another person in an objective way is, I believe both possible and desirable, and is entirely different from being involved with them emotionally in a subjective fashion.¹⁰

⁸Charles William Stewart, The Minister as Marriage Counselor (New York: Abingdon Press, 1961), p. 35. Stewart uses the term "microcosm" saying, "The therapeutic relationship is a microcosm through which the attitudes, feelings, values, and behaviors are seen, understood, experimented with, and perhaps changed for life in the microcosm-society."

⁹Wise, op. cit., p. 6.

¹⁰Anthony Storr, The Integrity of the Personality (Baltimore, Md.: Penguin Books, 1960), pp. 150, 151.

As the therapy progressed, the pain of the marriage became increasingly apparent. My offer to explore the pain with them involved me in the suffering.

Edward and Diane had become disappointed in each other. They felt upset. They were confused, empty, and despairing. An incident discussed in the course of therapy outlines symptoms and the method of dealing with the pain to find new patterns of behavior.

During a family session in January, 1966, Edward and Diane reported that Diane was to have prepared a meal for relatives of the family who were to have been evening dinner guests. Diane had become bogged down in the course of preparations, and gave up on the project. When Edward arrived home and discovered Diane's failure to get the meal ready, he became angry. He shouted at Diane. He told her she was inefficient, a poor planner, and an inadequate house-wife. Diane became depressed, left the family, and went to her mother's house for comfort. Edward was left at home to do what he could about the meal, entertain the guests, and take care of the children.

Edward assumed the stance of a hard-boiled engineer. "If I have a job to do, I plan things out point by point, and I just do it. So, Diane, why can't you do things around this house like that?"

Diane's attitude was that of a helpless little girl. "I just can't do anything right. And he (Edward) doesn't

understand what it is like to have to take care of three children and get a meal for a crowd of people at the same time."

The "meal incident" was an open book to dynamics which caused pain in the marriage. Edward and Diane attempted to carry responsibility for their relationship on the limited resources of low esteem self-images. Diane was the kind of person who became frightened and confused by situations which required her to perform adult roles. The task of facing her fright and confusion had been too painful. It was easier to become depressed and blame Edward for her shortcomings. Edward operated out of his own low self-esteem frame of reference. He had only marginal capacity to deal effectively with inter-personal relationships, but he covered up his limitations by acting like a calculating engineer. Edward's hard-boiled "scientific" approach was a way to look strong, but which betrayed a little boy who didn't know how to cope with his inadequacies. He could blame Diane for her inefficiency, perpetuate the myth of his strength, but delay a face-to-face encounter with his rage and the fear he had about controlling the rage.

The meal incident helped Diane and Edward to approach their marriage from the perspective of real needs in themselves. Diane decided she really wanted to be a more self-reliant person. She wanted to be less confused when pres-

asures built up in her home. She wanted to face her problems. Edward had to face the fact that he wasn't so scientific about himself and his family. He had not faced the fact of his own limitations. He learned that it was all right to have limitations, but if his life and marriage were to be more fulfilling, he would have to exercise restraint when he felt inadequate. The yelling and abusive behavior would have to be changed.

Diane and Edward faced up to the "blame frame"¹¹ through which each had evaded intimacy in his marriage. Painful judgment (the pain of blaming each other) gave way to joyful judgment (each confessed his irresponsibility, and, having experienced acceptance, discovered courage to live self-esteeming lives) in the therapy.

The Issues of Family Living: Conjoint Family Therapy has given the Janus family resources to help them meet the issues of family living. The mates have experienced maturity, and want to become more mature human beings.

Maturity of personality and interpersonal relationships is an ideal which is never wholly attained; for the development of personality seems to be a continuous process which is never completed.¹²

¹¹Satir employs use of the "blame frame" concept to describe mate situations in which the mates blame each other for the problems of the marriage.

¹²Storr, op. cit., p. 49.

The symptoms of the Identified Patient have receded, and the children are more free to grow unhindered by parental dysfunction.

The striking observation was that when the parents were emotionally close, more invested in each other than either was in the patient, the patient improved. When either parent became more emotionally invested in the patient than in the other parent, the patient immediately and automatically regressed. When the parents were emotionally close, they could do no wrong in their "management" of the patient. The patient responded well to firmness, permissiveness, punishment, "talking it out," or any other management approach. When the parents were "emotionally divorced," any and all management approaches were equally unsuccessful.¹³

The decision-making capacities of the mates has improved so that the ideal of crystal clear communication has replaced the covert patterns of the past. The family participates in the positive satisfactions of successful family ventures.

The family therapy created a microcosm for dealing with the issues of family living. The hurts of alienation in the family were touched by the healing of an accepting community. The presence of the minister-therapist brought person-healing for person-hurts. What took place in a limited and broken way in the family group therapy reflected the redemptive action of God.

We can begin to understand anew the meaning of God's action in and through Jesus of Nazareth. The Being of God made Himself known in Jesus through a living face-

¹³Satir, op. cit., pp. 4, 5.

to-face encounter with men in order that He might bring to our person-hurts His Infinite Person-healing...Christ Himself identifies His mission for us. He refers to Himself as a physician, and says that He came to heal the sick, and to seek out the lost.¹⁴

¹⁴Reuel L. Howe, Man's Need and God's Action (Greenwich, Conn.: Seabury Press, 1953), p. 44.

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